



Arkansas Statistics for CareCentrix, Inc. - Commercial Plans

4th Quarter 2015 Prior Authorization Determinations

	Service Category	Diagnosis	Procedure	Determination	Denial Reason
	Home Infusion Therapy	OTHER STREPTOCOCCAL ARTHRITIS, UNSPECIFIED	HIGH TECH HIT RN (UNTL)	Approval	N/A
	Home Infusion Therapy	OTHER STREPTOCOCCAL ARTHRITIS, UNSPECIFIED	HIGH TECH HIT RN (UNTL)	Approval	N/A
	Home Medical Equipment	TYPE 1 DIABETES MELLITUS	PUMP, EXT INFUSION, MINIMED, INSULIN	Denial	Lack of Medical Necessity
	Therapeutic Home Health	ATHEROSCLEROTIC HEART DISEASE	RN VISIT	Approval	N/A
	Therapeutic Home Health	ATHEROSCLEROTIC HEART DISEASE	RN CLINICAL ASSESSMENT, INITIAL	Approval	N/A
Total Q4 2015				5	